/ J.				E CONTROL AND STIGATION OF					IOLOGY	,	CONDITION	OR PUBLIC H		RECEIVED E			
NAM	ME (LAST, FIRST, M.I.)						DA	ATE OF BIF	RTH	AGE	SEX Mal	e $\square$ Fem		ACE			
ADI	DRESS			CI	TY, STAT	E, ZIP CODE					COUNTY	<u> </u>	10.0				
COI	NDITION NAME							TE	ELEPHONE			2ND TELEPHON	NE				
	SYMPTOM	YES	NO	ONSET DATE/TIME	SYMP	ТОМ		YES	s NO	ONSET DATE/TIME	SYMPTOM		YES NO	ONSET	T DATE/TIME		
	ASYMPTOMATIC				NAUS	EA					MUSCLE ACHES	3					
	DIARRHEA*				ABDO	MINAL CRA	MPS/PAIN	1 -			HEADACHE						
	WATERY DIARRHEA*				FEVE	R	· ·				DIZZINESS						
	BLOODY DIARRHEA*				CHILL	S					JAUNDICE						
SYMPTOMS	≥3 LOOSE STOOLS IN 24 HOURS*				BODY	ACHES					URINARY TRACT	INFECTION					
	VOMITING*				FATIG	UE					OTHER:						
	OTHER:				OTHE	R:					OTHER:						
	☐ STILL SYMPTOMATIC ☐ RECOVERED ☐ DIED					DATE SYMPTOMS RESOLVED:					DURATION OF ILLNESS						
	*EXCLUDE FROM HIGH	H RISK DUTIE															
TREATMENTS	DRUG	DATE DOSAGE					E	FREQUENCY			DURATION						
Ë																	
	HIGH RISK EMPLOYM			VEC	NO	UNK	HOUGELIA	OLD MEMBER(C)				VEC. A	IO LINIK				
	PATIENT					YES NO				OLD MEMBER(S)				O UNK			
	FOODHANDLER							_	FOODHAI								
MATION	ASSOCIATED WITH OF					ASSOCIA	TED WITH OR ATTEND	OS A CHILD/ADULT	CARE CENTE	ER							
	HEALTHCARE WORKE						ARE WORKER										
BACKGROUND INFOR	OCCUPATION	PLACE OF EMPLO	LOYMENT (INCLUDE ADDRESS)					) WORKED PRIOR TO AND DURING ILLNESS			EXCLUDED FROM HIGH RISK DUTIES						
ᅙ												NO □ UN					
쥖																	
χ	TRAVEL(S)										☐ YES ☐	] NO □ UN	IK  Y	S NO	O UNK		
BAC	DATE PATIENT OR HOUSEHOLD MEMBER					LOCATION (CITY, STATE, COUN				REASON FOR TRAVEL (	/ISIT PERSONS, ATTE	IT PERSONS, ATTEND GROUP FUNCTION, ETC.) BE AS SPECIFIC AS POSSIBL					
												ALILL?			OTATE COUNTRY		
	DATE	PF (PFT VIQ	IT TO 704	O FARM)	ΔΝΙΜΛ				POSURE		IMAL ILL?	LOCATION (	CITY STATE	COUNTRY	n		
(POSURE	DATE TY	PE (PET, VIS	IT TO ZO	O, FARM)	ANIMA	L	DAIL		POSURE		IIMAL ILL? NO UNK	LOCATION (	CITY, STATE	, COUNTRY	n		

ANIMAL EX COMMENTS ON QUESTIONS ABOVE:

MO 580-0802 (10-09) CD-2C

	FOOD EXPOSURE					PE	E DATE NAME						LOCATION (CITY, STATE, COUNTRY)						
끭	☐ GROCERY [	☐ REST	TAURANT	. 🗆 o	THER														
FOOD EXPOSURE	☐ GROCERY [	☐ REST	TAURANT	O	THER														
<u>8</u>	☐ GROCERY [	☐ REST	TAURANT	_ 🗆 0	THER														
O E)			TAURANT		THER			$\perp$											
00			TAURANT		THER			_											
ш.			TAURANT		THER			_											
_			TAURANT		THER	DATE	TYPE OF FOOD		VEC NO	CDE	OIFIO FOOD	DATE	TYPE OF FOOL	$\leftarrow$	VEC NO	CDEOIE	2 FOOD	DATE	
	TYPE OF FOOD		YES NO	SPECIF	FIC FOOD	DATE	TYPE OF FOOD GROUND BEEF		YES NO	SPE	CIFIC FOOD	DATE	POULTRY	,	YES NO	SPECIFIC	, FOOD	DATE	
S	UNPASTEURIZED I	UNPASTEURIZED DAIRY					(RAW OR UNDERCOOKE							AW OR UNDERCOOKED)					
ğ	HOME-CANNED FOODS					SEAFOOD (COOKED)			1			HUNTED OR TRAPPED MEAT							
R F	FGGS												ETHNIC						
OTHER FOODS	(RAW OR UNDERCOOKED)				SEAFOOD (R.						ETHNIC								
6	OTHER					OTHER						OTHER							
	OTHER FOODS CO	MMENT	S:				•					'	•						
_	SEWAGE SYSTEM	AND W	ATER SII	DDI V	IE DRIVATE	TVDF	E   IF PUBLIC, TYPE												
	SEWAGE SYSTEM AND WATER SUPPLY												NT DI ANT	,					
	HOME SEWAGE S	STEM					N LI SEPTICIANK LI SAND MOUND						SEWAGE TREATMENT PLANT OTHER (SPECIFY)						
							TREATMENT UNIT (ATU) LI HOLDING TANK L						IE AND LOCATION	ON					
ш	☐ UNKNOWN ☐ NONE ☐ CONSTI							AVINOMAIA											
/AG																			
WATER & SEWAGE	HOME WATER CURRY							¬			PUBLIC WAT	ER - NAME	AND LOCATION	١					
ŏ	HOME WATER SUPPLY □ PRIVATE □ PUBLIC □ BOTH □ RIVER						☐ CISTERN ☐ POND ☐ LAKE ☐ BOTTLED ☐ SPRING												
岜	UNKNOWN NONE COTHER																		
×	RECREATIONAL W					(00	,												
	DATE(S)	ION (BE SPECIFIC)		To	DATE(S	E(S) TYPE OF RECREATIONAL WATER EXPOSURE LOCATION (BE S					N (BE SPE	CIFIC)							
	DATE(S) TYPE OF RECREATIONAL WATER EXPOSURE LOCATION (BE S										THE OFFICE PARTICULAR PARTICULAR COSTS.								
						DATE	OF		_		SIMII AR I	I I NESS	ONSET	1.0	R TESTIN	G.		KED, CD-1,	
S	N.	AME AN	ID ADDRI	ESS		DATE BIRTH		RELA	TION TO	CASE			ONSET DATE		B TESTING		ENTER	RIC FORM PLETED*	
ACTS	N.	AME AN	ID ADDRI	ESS				RELA	TION TO	CASE	YES	NO	DATE	OS NEG	NOT DOI		ENTER COMF YES	RIC FORM PLETED* NO	
NTACTS	N.	AME AN	ID ADDRI	ESS				RELA	TION TO	CASE	YES	NO 🗆	DATE PO	OS NEG	NOT DOI		ENTER COMF YES	RIC FORM PLETED* NO	
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ILL CONTACTS	N.	AME AN	ID ADDRI	ESS				RELA	TION TO	CASE	YES	NO 🗆	DATE PO	OS NEG	NOT DOI		ENTER COMF YES	RIC FORM PLETED* NO	
ILL CONTACTS	*LIST HOUSEHOLE	) AND O			ONTACTS WI	BIRTH					YES	NO	DATE PO	OS NEG	NOT DOI	NE UNK	ENTEF COMF YES	RIC FORM PLETED* NO	
ILL CONTACTS	*LIST HOUSEHOLD	) AND O	THER CL		ONTACTS WI	BIRTH	/AGE SEA				YES	NO	DATE PO	OS NEG	NOT DOI	NE UNK	ENTEF COMF YES	RIC FORM PLETED* NO	
	*LIST HOUSEHOLE EACH ILL CONTAC MEDICAL AND SO	) AND O	THER CL	OSE CO		BIRTH	AR ILLNESS. COMPL	ETE SE	PARATE	"CD-1	YES	NO	DATE PORT OF THE P	OS NEG	NOT DOI	NE UNK	ENTEF COMP YES	RIC FORM PLETED* NO	
	*LIST HOUSEHOLD	) AND O T. CIAL FA	THER CL	OSE CO		BIRTH	/AGE SEA	ES	<b>PARATE</b>	"CD-1	YES  DISEASE CA	NO	DATE PO	OS NEG	NOT DOI	NE UNK	ENTEF COMF YES	RIC FORM PLETED* NO	
	*LIST HOUSEHOLE EACH ILL CONTAC MEDICAL AND SO	) AND O T. CIAL FA	THER CL	OSE CO	TES	BIRTH	AR ILLNESS. COMPL	ES	<b>PARATE</b>	"CD-1	YES  DISEASE CA	NO	DATE PI	OS NEG	NOT DOI	NE UNK	ENTEF COMIN YES	RIC FORM PLETED* NO	
	*LIST HOUSEHOLE EACH ILL CONTAC MEDICAL AND SOC ALCOHOLISM HEMATOLOGIC MEDICATIONS ANTIBIOTICS	O AND O	CTORS	OSE CO DIABET IMMUN	TES IE DEFICIEN	BIRTH	AR ILLNESS. COMPL  FOOD ALLERGI LIVER DISEASE  RADIOTHERAP	ES :	PARATE	"CD-1	YES  DISEASE CA	NO	DATE PI	DS NEG	NOT DOI	NE UNK	ENTEF COMIN YES	RIC FORM PLETED* NO	
	*LIST HOUSEHOLE EACH ILL CONTAC MEDICAL AND SOC  ALCOHOLISM HEMATOLOGIC MEDICATIONS  ANTIBIOTICS H2 BLOCKER (	O AND O T. CIAL FA DISEA:	CTORS  SSE  ER ULCE	OSE CO DIABET IMMUN	TES IE DEFICIEN	BIRTH	AR ILLNESS. COMPL	ES :	PARATE	"CD-1	YES  DISEASE CA	NO	DATE PI	DS NEG	NOT DOI	NE UNK	ENTEF COMIN YES	RIC FORM PLETED* NO	
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POSSIBLE SOURCE OTHER FACTORS	*LIST HOUSEHOLD EACH ILL CONTAC MEDICAL AND SOC ALCOHOLISM HEMATOLOGIC MEDICATIONS ANTIBIOTICS H2 BLOCKER C OTHER FACTORS  SOURCE OF INFECTIC OUTBREAK RELAT	DAND O AND O T.T.  CIAL FA  DISEA:	THER CL CTORS  SE  ER ULCE NTS: ECTED/PC	OSE CO DIABET IMMUN CHEMC R MEDIC	TES JE DEFICIEN  OTHERAPY  CINE  FOOD, WATER	BIRTH.  ITH SIMILA  ICY  OMMENTS	AR ILLNESS. COMPL  FOOD ALLERGI LIVER DISEASE  RADIOTHERAP OTHER (SPECII	ES ::	PARATE PROPERTY S'	"CD-1  EPTIC ANCE	YES  VES  VES  VILCER  R  MIC STEROID	NO	DATE PI  [  [  T'' AND "RECOR  GASTRIC SUI  KIDNEY DISE  IMMUNOSUP	DS NEG	NOT DOI	NE UNK	ENTER COMIN YES	RIC FORM PLETED* NO  D RICHAR  RICHAR  ULAR	
POSSIBLE SOURCE OTHER FACTORS	*LIST HOUSEHOLE EACH ILL CONTAC MEDICAL AND SOC  ALCOHOLISM HEMATOLOGIC MEDICATIONS  ANTIBIOTICS H2 BLOCKER C  OTHER FACTORS  SOURCE OF INFECTION  OUTBREAK RELAT  YES NO	DAND O AND O T.T.  CIAL FA  DISEA:	THER CL CTORS  SE  ER ULCE NTS: ECTED/PC	OSE CO DIABET IMMUN CHEMC R MEDIC	TES JE DEFICIEN  OTHERAPY  CINE  FOOD, WATER	BIRTH.  ITH SIMILA  ICY  OMMENTS	AR ILLNESS. COMPL  FOOD ALLERGI LIVER DISEASE  RADIOTHERAP OTHER (SPECII	ES ::	PARATE PROPERTY S'	"CD-1  EPTIC ANCE	YES  VES  VES  VILCER  R  MIC STEROID	NO	DATE PI  [  [  T'' AND "RECOR  GASTRIC SUI  KIDNEY DISE  IMMUNOSUP	DS NEG	NOT DOI	NE UNK	ENTER COMIN YES	RIC FORM PLETED* NO  D RICHAR  RICHAR  ULAR	
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